MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

VOL. XXI FEBRUARY, 1914 No. 2

ORIGINAL ARTICLES.

AN IMPORTANT PROBLEM OF THE AGE: THE CARE AND TREATMENT OF MENTAL AND NERVOUS DISEASES.

BY AMOS J. GIVENS, M. D., LL. D., STAMFORD, CONN.

THE importance of this subject can hardly be over-estimated. It is difficult to accept the optimistic assertion, "no increase" or "an inconsiderable increase" of nervous diseases. Public and private testimony both, by overwhelming majority, oppose such deductions. The problem of disposition of these cases is a growing problem, more especially as about 50 per cent. of the mental cases admitted to State institutions remain as more or less permanent residents. We import much material which is manufactured into the nervous and insane: the American product of American stock shows no signs of diminishing. Why, therefore, should not these diseases increase?

This paper will not discuss increase. A single statement regarding the prevalence of mental diseases will suffice to illustrate how the census enumeration, alone, indicates the magnitude of the problem of care and treatment. While the population of the United States increased about 11 per cent. between 1904 and 1910, the population in State Hospitals increased about 27 per cent. A stereotyped phrase that increasing admissions indicate only greater confidence in institutional care is so afflicted with old age it is practically worthless. In the course of its long lifetime, Nature has had ample opportunity to remove several times over all the mental cases alive when it started.

From 1890 to 1904 State Hospitals increased 100 per cent.; from 1904 to 1910, 13 per cent. This tremendous increase in accommodations has proved insufficient. From all parts of the country superintendents of State Hospitals report overcrowding. Long delayed appropriations authorize building. While a structure is being completed, the existing hospital will be filled far beyond its capacity. The new building is opened; congestion relieved by transference, but meanwhile applications have accumulated, new commitments quickly absorb space. Long before another appropriation is secured, history repeats itself. To the congestion of the mental cases is added that of necessary nurses and attendants.

Overcrowding limits comforts, creates a disturbing atmosphere, prevents proper use of hydro- and mechano-therapeutics, occasions more frequent resort to some form of restraint, lessens air space, increases fire risks, dangers of epidemics and accidents, and overworks seriously physicians and nurses.

In one State, where I am familiar with the statistical data, one patient to each 351 of the general population is undergoing treatment in a State Hospital. The normal capacity of the hospital is 550, but 713 patients were under treatment when the report ending September 30, 1910, was made up, and another Hospital at the same period was crowded "far beyond the limit of health and safety," and for ten years had been burdened with an excess of its normal capacity.

Alienists emphasize the need of individual and early treatment of mental cases.

The questions of ample accommodations, of adequate medical and nursing staffs, of scientific care prior to admission and after recovery, rest with the public and its representatives; therefore no solution of the problem as a whole is possible without widespread education of the "plain people." Old and erroneous impressions still prevail. Unfavorable environmental influences are bad for the sane; they are infinitely worse for the mental case.

In addition to the insane must be considered the feeders of the supply, sufferers from diseases of the nervous system, borderline cases, etc. This class increases the number of the mental cases, both directly and indirectly; it aids in furnishing subsequent generations with the diathesis predisposing to mental diseases.

Successive advance in psychiatry emphasizes the urgent need for early treatment of all deviations from normal functioning of the mind, and under the most favorable conditions obtainable. The realization of this need is attested by the increase in psychiatric wards, pavilions, sanitariums and hospitals. These are established for the first care and observation of mental patients and the treatment of acute and curable mental diseases. One of the most recent of these curative institutions contains an out-patient department with social service staff, admitting ward, observation private rooms, observation ward, acute wards, rooms for continuous baths, a basement fully equipped for all forms of hydro- and mechano-therapeutics, an operating suite, solarium, laboratories, balconies, roof garden, assembly rooms, day

rooms, rooms for X-ray, photography, etc., and administration.

It would seem to be obvious that every institution receiving new patients suffering from mental diseases should be supplied with psychopathic wards, preferably pavilions. Diagnosis of these cases is often difficult, frequently requires time as well as skill and all the aids afforded by modern facilities. Such institutions cannot but prove favorable to patients, and aid in solving the problem of their suitable accommodation.

In a commercial age it would seem that the economic side of this question would appeal to the average taxpayer if he were only aware of the much larger proportion of cases recovered by early and scientific treatment, and the immense cost of prolonged care of the patient. At a public hearing on the alien insane in the New York State Hospital, July 1, 1912, Mabon, Director of the Manhattan State Hospital, testified that at the present price of maintenance the alien insane alone in that hospital would cost the State $3,413,200 in the course of ten years. This is but a single illustration.

A few months, even weeks, in cases of incipient mental diseases before coming under scientific treatment, may make the greatest possible difference in prognosis—and another object is, of course, not merely cure but prevention. This is not the place to speak in extenso of the advantages of sanitarium treatment, but the admirable results obtained by the removal of the nervously affected from their accustomed environment and activities have long been well known and it is not surprising that legislators should be inclined to authorize the establishment of such institutions for appropriate cases unable to avail themselves of the comforts, quiet, trained care, and skilled treatment of the still more desirable private sanitoria.

Germany, carrying out still further this idea and that of psychopathic hospitals, has recently erected an institution for the medical treatment, instruction, and employment of needy psychopathic children.

In the solution of the problem of the care and treatment of those nervously and mentally ill, modern methods mark a radical departure in almost every particular from those of a few generations ago.

The cottage system, or the employment of small groups of small, detached buildings, introduces a more homelike atmosphere, and provides for the separation of patients into small classified groups.

The family care system for the chronic, harmless insane is practiced to a certain extent in several States. Doubtless it could advantageously be still further extended. In Gheel, Belgium, this method has been in practice for more than one hundred years. Nearly every house in Gheel contains at least two mental incompetents, and as a rule they are given the freedom of the town. Suicides are few; the death rate low; the percentage of recoveries for twenty-five years almost double that in England.

Chief among the agencies for solving the problem of the care and recovery of both nervous and mental cases stands occupational treatment.

This is not a new method, but newly developed and applied. One hundred years ago Dr. Benjamin Rush, that famous Professor of the Institutes and Practice of Medicine in the University of Pennsylvania, published his shrewd and still serviceable "Medical Inquiries and Observations," in the course of which he highly recommends employment, especially agriculture, as a valuable form of treatment in mental derangements. To employment he adds amusements including concerts, evening parties, chess, checkers, cards, music, theatrical performances, billiards, tennis, base ball and playing quoits. It is impossible to enumerate here the many forms of industrial activity which have been developed. There is a great need, however, for more general provision of well equipped workshops, and trained teachers, for amusement rooms, assembly halls, etc.

Mere custodial care favors mental deterioration. Aimless inactivity is extremely detrimental even to the sane. It is highly that desirable occupation outdoors should be more frequently provided for women patients. Statistics for the past ten years show that the death rate from tuberculosis in State Hospitals has been more than twice as great for women than for men.

Other remedial measures yielding excellent results are the initial rest treatment, especially where patients present evidences of malnutrition, the use of the solarium, outdoor sleeping, the continuous warm bath for certain patients, free administration of water internally, massage and electricity in selected cases, operative correction when indicated by pathological conditions. Individualization must be the keynote; clinical and laboratory examinations and careful observation cannot be dispensed with.

It will be obvious that the satisfactory solution of care and treatment is dependent to a considerable extent upon an adequate medical staff, and excellent trained nurses.

Were it possible the disposition of the insane and epileptic, of the drug habitué, the inebriate, and the feeble-minded, would be here touched upon. In all of them the public has a very vital interest, and a very grave responsibility. Their awakening to both is an essential part of the final solution, if such solution is to be found, of this growing problem, which is one of the most important of all the important problems of the age, namely, the care and treatment of mental and nervous diseases. (Southern Momœo. Association.)

The Federation of Examining Boards meets in Chicago on February 24th.

ISOTONIC SEA-WATER IN SOME CANCER CASES.

BY J. BURNIE GRIFFIN, M. D., SAINT AUGUSTINE, FLA.

CASE No. 1.—Patient, a boy of 18, with a tubercular family history. At the age of ten he had an eczema with considerable enlargement of the glands in the affected area. Later, he at different times experienced sharp darting pains about the left corner of the mouth, these pains extending into the regions of the sub-lingual and sub-maxillary glands. About three weeks later these glands had enlarged to such an extent that a a physician was called and a few days later there was noticed what seemed to be then a bleb at the lower left corner of the mouth. In about three months the growth showed unmistakable signs of being an epithelioma of an acute malignant type, which diagnosis was confirmed by the miscroscope. The patient was under care for nearly six months, during which time no improvement was noticed, a large fissure had developed at the mouth corner and only liquid nourishment was possible because of the pain from any movement of the lips. The boy had lost only a few pounds in weight, but had become very much depressed and at times quite despondent. When he was first brought to me, I tried local treatment after removal of the crusts and the indicated remedy which I believed to be Arsenicum, but got no results during the first month. I then took him off the Rx. and gave no local treatment except such as was necessary for cleanliness; and started him in on injections of the Sea water of 40 c. c. dosage every other day; at the end of two weeks I increased the dosage to 50 c. c., giving it every day; in another week I gave doses of 100 c. c. every third day. This injection I kept up with for three weeks. at the end of which time the growth had entirely disappeared, the boy had gained ten pounds in weight, the appetite had returned by the second week and all signs of despondency had also disappeared.

Case No. 2.—Patient, a man about 55 years of age; duration of the lesion, four years. located on the right leg near the ankle and above it; in size it was as large as the mouth of a teacup; the patch was rather more nodular than is usual, the margin hard and quite elevated, bled easily, some discharge, considerable night pain. The miscroscope confirmed the diagnosis of Epithelioma. No treatment had done more than give temporary relief; and the patient had gradually been becoming more and more cachetic. Isotonic Sea water injections of 50 c. c. were started and continued every third day for three months; occasionally the dosage was lowered to 10 or 20 c. c. if the blood pressure was found to be high. (The Sea water always increases the blood pressure, and the nerve symptoms following a large increase in blood pressure are not advantageous.) At the beginning of the fourth month he was given 50 c. c. treatments every fifth day and this was continued for a month, at which time he was dismissed from the hospital a cure. In this case there was a gain in weight of 17 pounds, and has maintained his health and vitality since, which is seven months.

Case No. 3.—Patient, a man of fifty, past history negative except for the use of tobacco to a mild degree. The warty elevation on the under surface of the tongue began to be noticed about fourteen months ago; ulceration, induration and pain were all present when he came to me three months ago. Bland liquids were then the only food, some loss in weight, great degree of despondency; no local or internal treatment had been of benefit, either homœopathic or allopathic. Sea water was given this patient with marked results, 40 c.c. dosage every other day, increasing the dosage every second treatment by 10 c.c., until he was getting 100 c.c. at a treatment; this was continued for two and a half months, when all signs of disease were gone; he has been on solid food for six weeks and has had no trouble with the tongue for that time.

Case No. 4.—Patient, a woman of 64, a rose cancer of seven years' duration located upon the left eyebrow, eyelid and temple; considerable discharge and pain, some glandular involvement. Emaciation and cachexia marked. The microscope confirms the diagnosis. Patient has been a county case in the hospital for about two years; impossible to keep dressings upon the lesion; consequently no progress had been made in treatment. Sea water injections were started three months ago, 20 c. c., at a dose given every second day, increasing the amount every third injection. until we are now giving 60 c. c. every third day; the results are marvelous, decrease in size of lesion, discharge ceased, cachexia has disappeared, appetite has returned and there is a gain of five pounds.

In general conclusion, in the first two cases there was a subnormal temperature; following the introduction of the treatment there was a gradual rise to normal temperature. This phenomena I have noticed in every case where there was subnormal temperature, no matter what the case may have been; this seems to point to a direct feeding of the protoplasmic cells, resulting in an increased activity and a greater degree of resistance. The gain in body weight where there was a below normal weight has been noted in each case here and in every patient to whom the treatment has been given; this shows that the effect upon nutrition is decided. The evidence, which can only be confirmed by more prolonged observation, tends to be conclusive that the injections of Isotonic Sea water plasma constitute a very valuable therapeutic aid in those conditions which depend for their continuance upon a general adynamia, where to gain a body-health we must first detoxicate the living body of the organic intoxication which is

the common origin of the body's diseases. (Southern Hom. Assoc.)

GALL-STONES AND DIGESTIVE DISTURBANCES.

BY ARTHUR E. GUE, M. D. (DECEASED), AND H. L. LOTT, M. D., OKLAHOMA, OKLA.

DESPITE the fact that during the last ten years, our knowledge of the pathology and treatment of gall-stones has been greatly enriched by truly classical investigations by both surgeons and physicians, and that our methods of the rational diagnosis of this difficulty have been much refined, gall-stones disease today as in the past still presents at times such misleading and dualistic symptoms that we may well term it the proteus of abdominal diseases. Gall-stone disease often presents itself to us in various garbs, but to make matters worse, other diseases frequently simulate this difficulty so as to evade our most acute methods of diagnosis. From the very beginning of the recognition of gall-stone disease, certain symptoms referable to the digestive tract, such as nausea and vomiting, have been referred to as an accompaniment of this difficulty, and while during the last few years several clinicians have dwelt to some extent upon the accompanying digestive disturbances, they have not sufficiently defined them, nor have they interpreted them clearly enough. It will be my object to emphasize these points in the light of recent investigations. European statistics, founded upon a great many operations and post-mortem examinations, have shown that—at least in Europe—every tenth individual (male or female), and every fourth woman has gall-stones, but that only in about 5 per cent. of all cases do these gall-stones give rise to symptoms which lead to their detection. It is the impression of some American physicians that one case in every twentieth individual or even less would more accurately approximate the correct percentage of gall-stone cases in America than the figures of European statistics. Unfortunately, however, we are not in possession of any accurate American statistics on this subject.

On the one hand, then, we have the fact of the difficulty of clearly recognizing in all cases gall-stones when they induce symptoms, and on the other hand the fact of the existence of gall-stones in every tenth or every twentieth individual and the development of symptoms in only about 5 per cent. of all cases, truly a fertile theme for discussion, not only for the physician, but also for the medico-legal specialist. How can we estimate at what moment an individual may have an outbreak of gall-stone colic and how can we determine the length of time gall-stones may have existed? It is now generally conceded that in the great majority of cases, gall-stone formation results from a catarrhal inflammation of the gall bladder and ducts induced by a bacterial invasion. Surgeons occasionally encounter cases of cholelithiasis in which the bile is sterile, but the majority of cases show a bacterium coli, staphylococci or streptococci invasion.

The most prominent predisposing causes of gall-stone formation are: (1) age (gall-stones rarely occurring in individuals under 20 years of age, although one case is recorded of a child of 10 years of age and several between 16 and 18; (2) pregnancy; (3) constipation, which is present in 80 per cent. of all cases; (4) tight lacing; (5) lack of exercise; (6) any circumstance which interferes with the normal emptying of the gall bladder; and finally, I should like to add to this list of causative factors gastro-intestinal and metabolic disorders.

One of the most important symptoms of gall-stone disease is pain. In my cases the pain has varied between a degree which might simply be termed slight discomfort and the most severe paroxysms of colic. I have never seen a case of gall-stone disease in which pain was absent, although Merck claims to have seen it in only 50-60 per cent. of his cases. The pain may be referred to the epigastric and hypogastric regions. Many cases are on record where the pain was referred to the right iliac region, the legs, back or neck, and I have seen one case in which the pain was referred to the left hypochondrium.

The question as to the direct cause of pain in cholelithiasis has occasioned a great deal of controversy, some contending that it is due to inflammatory processes alone, while others again believe it to be due to the impaction and contraction of the gall bladder and ducts. The spasmodic nature of the pain seen in some cases indicates, I believe, that it is due either to the alternate contraction or relaxation, or to the alternate distension and normal recontraction of the gall bladder and its ducts.

Jaundice, which is thought by some to be one of the cardinal symptoms, I have seen in only a few cases. Kehr estimates that it is present only in 20 per cent., and Aldor in but 10 per cent. of all cases.

Enlargement of the liver and distension of the gall bladder, alone or together, take place where there is decided stone impaction, but these symptoms are by no means constant.

Putty colored stools with constipation may be present at times, while vomiting, nausea and flatulence are more constant accompaniments of acute gall-stone disease, although of no definite diagnostic value.

Now, as I have already indicated, one or all of these symptoms may be absent at one or another period of gall-stone disease, but may finally make their appearance and justify a diagnosis of gall-stone disease. Where the pain is not referred to the right hypochondrium, and in the absence of other diagnostic symptoms the difficulty may be and has often been mistaken for appendicitis,

pancreatitis, gastric ulcer, floating kidney, duodenal ulcer, gastralgia, enteralgia, displaced and dilated stomach, lead colic and sulphrenic abscess, and vice versa, these difficulties have been confounded wth gall-stones. So, too, there are cases recorded of the conjoint occurrence of gall-stones and gastric ulcer, gall-stones and kidney stones, and in my experience particularly, the occurrence of both permanent digestive disturbances and gall-stones.

This latter point has never been mentioned by writers upon this subject. A few observers have called attention to the occurrence of transient gastro-intestinal disturbance during an attack of gall-stone colic, but singularly no one has pointed out the persistence of digestive disturbance between the attacks of gall-stone colic. Later on, I shall refer to this point again. Kehr has encountered numerous cases of colic which lead to the diagnosis of gall-stones, in which surgical interference finally proved the difficulty to have been one of adhesion between the intestines and gall bladder. Only recently a case of mine, which had exhibited gall-stone symptoms, was operated upon, but the difficulty was found to have been one of simple adhesions. Separations of the adhesions effected an absolute cure. Instances of this kind are of quite common occurrence. Thus Tyson records a case in which operation was performed for gall-stones, in which the gall bladder was found to be absolutely free from stones, but adhesions had formed between stomach, bowels and gall bladder. Billings mentions two cases which were operated upon for gall-stones, in which no gall bladder difficulty of any kind was found, the simulation of gall-stone colic being produced by the gastric crises of locomotor ataxia.

Numerous other instances might be detailed; these, however, will sufficiently serve the purpose of this paper. The diagnosis of gall-stone disease presents no great difficulty when the pain which, by the way, need not be of any particular character, is located in the right hypochondrium, when the liver is enlarged, the gall bladder distended, jaundice present, stools putty colored, and there is pain or tenderness on pressure in the right hypochondrium. When the stone obstructs the cystic duct or remains in the gall bladder, we never have enlargement of the liver. Even in cases of obstruction of the common duct, enlargement may be entirely absent. The symptoms of pain on pressure in particular is of the greatest importance, and is often sufficient to justify the diagnosis of gall-stone disease. Boas lays considerable stress upon the existence of sensitive spots on either side of the 12th dorsal vertebræ. This symptom, however, is not absolutely reliable, being absent in some cases of gall-stone disease, and present in abdominal abnormalities other than those of the gall bladder. Stones when present in the stools are of significance, but in the majority of instances they are absent, or at least escape detection.

It has been stated by several writers that in some cases all gall-stone disease, symptoms consisting of a feeling of fullness with flatulence and slight gastralgia may exist for years, which may be diagnosed as nervous gastralgia, but which will prove to be nothing more than cholelithiasis.

Tempting as a conclusion of this kind may be, it is hardly a logical one, and the question arises whether we cannot, with as much right, look upon the digestive disturbance as the cause of the gall-stone formation as to conclude that the latter was the cause of the former. And, in fact, we have strong supportive evidence of the possibility of the correctness of this view.

It is conceded that the latent gall-stone is harmless. Only when an inflammatory condition arises in the gall bladder or ducts do gall-stones occasion any difficulty.

Kehr has found that in nearly all of his operations upon the gall-bladder after an attack of colic there existed an inflammatory condition of the bladder and its ducts. Now this inflammatory condition, as we have seen, may be induced by various causes, but the one cause, which is undoubtedly as fruitful as any, is a duodenitis, either primary or secondary, to a gastritis. It is this point which I particularly wish to emphasize. If we bear in mind the fact that, in Europe, every tenth individual, and in America probably every twentieth individual carries gall-stones in his gall bladder, and that only a small percentage of all cases develop symptoms of any kind, it is decidedly illogical to conclude that where gastric symptoms precede, for a year or longer, an outbreak of gall-stone colic, that it was the result of dormant gall-stones, and to assume that the difficulty was gall-stone disease from the very inception of the digestive symptoms. And yet this construction is often, and I think wrongfully, put upon a case of this kind. A gastritis and duodenitis can more logically be looked upon as the precursor of gall-stone colic or even as the cause of the formation of gall-stones, than to assume that gall-stones, when they are discovered a year or longer after the existence of digestive disturbance, were the cause of the symptoms of the latter.

When we consider that gall-stones may develop in the course of three or four months, it becomes apparent that we cannot offhand burden gall-stones, when they happen to occasion symptoms, with the responsibility of having occasioned every digestive disturbance which may have previously existed in the individual.

Several observers, including Hemmeter and Boas, originally stated that hyperchlorhydria was never present in gall-stone disease.

However, during the last few years, a number of observers have demonstrated the existence of hyperchlorhydria, in some cases during the height of gall-stone attack. In the great majority of

my cases of mixed gall-stones and digestive trouble which I have seen during the last nine years the existence of hyperchlorhydria was demonstrated.

Unlike a number of observers, I have seen some cases in which the hyperchlorhydria persisted between the attacks of colic. So, too, I have seen other gastric symptoms, and impaired gastric motility persist between the periods of gall-stone colic.

In fact, I have seen several cases in which the course of the digestive trouble seemed to indicate its primary existence, independent of the presence of gall-stones, or, if the digestive symptoms were secondary, that they could, at least, persist during the intervals of the gall-stone colic. But yet in another manner are digestive disturbances of significance in gall-stone disease.

Digestive disturbances may not only directly pave the way for an infection which may lead to the formation of gall-stones or the development of gall-stone colic where dormant stones exist, but they also act as a causative factor through the absorption of abnormal digestive products which, circulating through the hepatic system, may set up an irritation leading to a catarrhal inflammation of the gall bladder and ducts.

It is quite probable that gall-stones like other sources of reflex irritation may give rise to gastro-intestinal disease, lasting either only during the colic, or when once it has developed even during the periods of attacks of colic. It might be claimed that even the dormant stone may give rise to gastro-intestinal disease. But Kehr cites a case to illustrate the true latency of gall-stones, which will very well answer our purpose. Kehr states that gynæcologists often find in operating for other disorders a gall bladder filled with stones, and on questioning the patient after the operation in reference to the previous existence of pain in the abdomen, colic, etc., usually receive the answer: "I have no recollection of having suffered pains of that description, my appetite was good, I did not vomit, and experienced no pain." This statement coming from Europe's greatest gall-stone operator is certainly worthy of consideration, and we may conclude that so long as the gall bladder and its ducts remain free from inflammatory change, no visible symptoms are produced by dormant gall-stones. This, then, is my experience with, and my conception of, gall-stone disease in reference to digestive disorders. There simply remains the consideration of the treatment of these cases.

It is my opinion that if we ate and drank more carefully, and daily took proper exercise, looked after the condition of our bowels, and that if women laced less, we would not encounter gall-stones as often as we do at the present time. Diet is of significance in so far that it should be simple and nutritious, and should be adjusted according to the digestive condition of the stomach and bowels as determined by careful gastro-intestinal examination.

The statement made independently by Naunyn, Aldor and others that, qualitatively, food is of no significance, certainly is not borne out by my experience. Not that I believe in dietetic cures in the sense in which they are often recommended by physicians at health resorts and in private practice. Some of these cures exclude fats, some exclude carbohydrates, others again meat, and still others milk. Up to the present time we have not discovered a stone dissolving diet, nor have the supposed solvent action of olive oil, turpentine, chloroform, salicylate of soda, phosphate of soda, probilin, eunatrol, rectal douches and oil injections ever been demonstrated. Neither have massage, electricity, gymnastics and horseback riding ever deserved a serious recognition as a therapeutic means of mechanically dislodging gall-stones. This latter treatment, indeed, is dangerous in the extreme, and medicinal treatment may also become dangerous if the case has reached a stage at which operative measures are indicated, and the question here arises where medicinal treatment should begin and where it should end, and give way to surgical means. Not every case of gall-stones by any means requires surgical interference, notwithstanding the fact that many surgeons incline to the belief that it is the only justifiable means of relief. Wm. Mayo estimates the mortality in gall-stone operations at 3 per cent., while Kehr's 720 operations show a mortality of 2 per cent., yet Kehr writes: "If the danger were zero, it would be our duty to operate on every sufferer of gall-stones after his first biliary colic, but since we can never know in advance whether the patient will belong to the 98 per cent. who are cured, or the 2 per cent. who die, we must stop at prophylactic operations." Such conservatism as this, coming from one of the greatest gall-stone operators, is certainly worthy of emulation. If surgeons showed the same liberality, and if physicians were less anxious to prolong the medical treatment of these cases after they have reached the border land of surgery, there should be less misunderstanding between these two departments of medicine.

"Mere presence of gall-stones does not call for operation—only resulting conditions require it," says Kehr, and in another place, he states: "I do not often operate in acute obstruction of the common duct, when seizures have always disappeared with jaundice and the passage of stones, and when complete latency has been established between the attacks of colic." These surgical views of Kehr form a very satisfactory compromise between the ever-ready surgeon and the never surgically inclined physician. In medicinally treating individuals suffering from gall-stone disease, we must bear in mind that the sole object of such treatment is to render the disease latent. If we succeed in this respect, our patient will belong to that class to which 95 per

cent. of all gall-stone cases belong, for as is very probable, only about 5 per cent. of all cases show appreciable symptoms. To render a case of gall-stone disease latent, it is necessary to combat the gastro-intestinal trouble by the diet and medication called for by a careful gastro-intestinal examination. Absolute rest should be enforced and an attempt be made to set up an active flow of bile. This is best accomplished by feeding the patient often, five or six times each day, for we have learned that the passage of food from the stomach, especially when of normal acid reaction, is an efficient and active cholagogue. The bowels should be kept moderately open, and to effect this and at the same time to allay the general gastro-intestinal congestion nothing succeeds better than the liberal drinking of warm Carlsbad water, either at Carlsbad or at home. The efficiency of Carlsbad water has been recognized by both physicians and surgeons, and among the latter, Kocher and Kehr stand at the head. It must be remembered, however, that, like other medicinal means, Carlsbad water does not dissolve the stones, its administration is only favorable in allaying inflammation and bringing about latency.

Another efficient means recognized by several gastro-enterologists is gastric lavage, which allays irritation and induces an active flow of bile. The drinking of large quantities of water is beneficial, provided the gastric motility is intact, although it is doubtful whether it really increases the flow of bile or not.

Deep breathing, which is an efficient mechanical cholagogue, may be resorted to as also hot and cold douching over the hepatic region, and the application of moist heat in the form of an abdominal compress. All other harsh mechanical measures, such as massage, etc., are contra-indicated.

Belladonna or atropine may be used as relaxants of the involuntary muscle fibers, but opium and its derivatives should be used only in cases of absolute necessity. Numerous patients of mine treated along this line have been free from gall-stone difficulty for years, and, although many gall-stone patients require operative interference, my experience has taught me that it is by no means necessary or justifiable to operate on every case of gall-stone disease. (Southern Homœo. Assoc.)

Guaiacol in Pulmonary Tuberculosis.

G. H. Mayberry is of the opinion that Guaiacol is not used nearly so much in pulmonary tuberculosis as it might be. It has no doubt been used by a considerable number of practitioners, but abandoned as of little use. 1. It was not given in large enough doses; 2. It was not continued for a sufficiently long time; 3. It may not have been possible for the drug to be administered regularly. Even intervals of a few days in the administration have a prejudicial effect.

THE MENTALITY OF THE HALOGENS.

BY G. E. DIENST, M. D., AURORA, ILL.

GENERALS.

THE remedies in this group are Bromine, Fluorine, Iodine and Chlorine.

These are all highly irritating to the mucous membrane; they often produce spasms of the glottis; they produce pseudo-membranes, and all have a marked affinity for the glandular system. They all act upon mucous membrane of the larynx and bronchial tubes. They are so irriating that they produce a violent inflammation, rawness and excoriation, as you all know who have inhaled the fumes of Chlorine, Iodine, and Bromine particularly. They all produce spasm of the glottis, of which Chlorine takes the lead. All excepting Chlorine tend to produce croupous membrane; Chlorine tends more to produce diphtheritic than pure croupous membrane. On the glandular system they produce enlargement, indurations and even abscesses. Hence their great value in deeply seated scrofulous or psoric conditions of which Iodine leads.

PARTICULARS.

Fluorine has not been proven and will not, therefore, be considered among the particulars. Let us notice some marked characteristics of the following beginning with Bromine. First, Bromine attacks the glands and causes enlargement and induration. For this reason it is so often indicated in scrofula, especially in scrofulous children, where the parotid gland or glands become indurated, where there is tendency to suppuration with excoriating discharges, where there is a persistent hardness of the gland or around the opening, and this is accompanied with undue heat in the gland. This is true of all the glands. The pains of Bromine are cutting, especially in the mammary and axillary glands. There are also throbbing in the mammary glands, which can be felt by palpation. There are also drawing pains as if a string were attached and drawing the gland inwardly.

The testicles become swollen, indurated and perfectly smooth and hot, with pains aggravated on the slightest jar.

The tonsils become deep red, swollen and are covered with a network of dilated blood vessels. The tonsils pain severely when swallowing, and the swelling is such that they may be seen externally. The sensation in the throat is one of rawness—a common condition in light complexioned, scrofulous children. This remedy must not be forgotten in enlargement of the thyroid gland or true bronchocele.

Bromine has a marked affinity for the mucous membranes, and here we find it useful in acute coryza when the discharge from the nose is profuse, watery and excoriating. In chronic catarrh of the nose we find it indicated when the nostrils alternately become occluded. This is accom-

panied with pressing headache, the pressure being greatest in the forehead and produces the sensation as if the brain were being pushed out at the root of the nose. In such cases the nose is often very sore, raw, inside and around the alæ. If this is permitted to continue we ultimately find ulcers in the nose which may be blown out and which are always bloody. Every attempt to blow the nose is followed by a discharge of crusts and blood.

Passing down to the throat and lungs we find Bromine indicated in spasms of the glottis. These are severe cases—these cases of laryngismus stridulous. The attacks begin with sudden closure of the glottis. The child becomes cyanotic and the body is soon convulsed. One attack succeeds another in rapid succession. In the second stage of this distressing complaint convulsions appear, followed by emaciation. This trouble may be reflex—doubtless is reflex from dentition, indigestion, intestinal irritation or enlargement of the thymus gland. It is very essential that this spasmodic trouble be detected in its early stages or serious trouble will follow. The point I desire to emphasize is a spasm of the glottis found in the course of croup, particularly that commonly known as membranous croup. The child is suddenly aroused from sleep by choking sensation, and as you watch the respirations you will observe that its greatest difficulty comes on inspiring. So severe is this that each inspiration produces a crowing sound, the voice is hoarse, producing an almost complete aphonia in the evening. When it cries the voice is hoarse, husky. The membrane seems to come up from the larynx into the superior portion of the throat. Every deep inspiration provokes a cough. The breathing is hoarse, rasping and whistling as though the child were breathing through some metallic substance which is vibrating. This is due to the vibration of the membrane as it is deposited over the interior of the larynx. These are conditions which strike terror to a physician's soul; but it is no time for experimentation nor antitoxin, but for the true and tried remedy, which, in many instances, especially in light haired and blue-eyed children is Bromine.

In asthmatic conditions where the inspiration is most difficult, in pneumonia affecting the lower lobe of the right lung and accompanied with epistaxis, in tuberculosis of the lungs where the patient suffers from severe congestion, headache relieved by bleeding at the nose, you will think of Bromine.

Bromine produces a very characteristic uncomplicated hypertrophy of the heart, that is, a muscular enlargement without valvular lesions. This is known by its characteristic symptoms, namely, oppression about the heart on physical exertion, palpitation on beginning to move or when rising from a sitting posture. The pulse is full, hard and rather slow

CHLORINE.

Chlorine is little known, but what we do know is very important.

It has a special affinity for the mucous membrane, hence a useful remedy in catarrhal diseases. It produces a watery discharge from the nose, which is thin, excoriating, causing the inside of the nose to be sore, and also the external alæ.

It produces a low grade of inflammation on the inside of the mouth, producing small, putrid smelling ulcers, yellowish white, which are aphthous in character.

Chlorine like Natrum muriaticum and Kali chloricum is useful in a scorbutic state of the blood, particularly in children suffering with excessive fetor from the mouth.

Possibly through its action on the blood, possibly through a close affinity for the nerves directly —I do not know—Chlorine has a strong power over the nervous system. For instance, in certain typhoidal conditions which are characterized by a fear of becoming crazy or losing one's senses; where there is marked loss of memory, especially for names; where there is a constant fear of impending disease this remedy is frequently indicated. The precursor of typhoid in Chlorine is a *pain passing down from the vertex to left side of the body, and is* WORSE *after eating.*

While not clearly proven, it has, clinically, shown itself useful in certain cases of impotency, according to the totality of symptoms.

IODINE.

In the study of Iodine we have a very broad field, only margins of which we can touch upon in this review.

First. Remember that Iodine is an absorbent, particularly of glandular structures. But this is not the extent of its absorbing properties, for it extends to the other tissues, eventually affecting the nervous structures. Hence, persons who are poisoned with Iodine, or who suffer from often and foolishly repeated local application of Iodine emaciate rapidly; this emaciation beginning in the glandular structures.

In affections of the heart, chest Iodine plays a conspicuous role. In pulmonary troubles it is especially useful when the disease localizes itself, when plastic exudation begins.

There is decided cough with great dyspnœa—a sensation as if the chest would not expand—and this cough is accompanied with blood streaked sputum. This is particularly the case in long drawnout cases of pneumonia, or where spots in the lung tissue refuse to heal and begin to solidify; even in later stages, when instead of absorption and expectoration of the exudate slow suppuration appears with hectic fever and emaciation. It has cleared up many such cases which threaten pulmonary phthisis in mal-treated or prolonged attacks of pneumonia.

In young people who grow too rapidly, who

are subject to frequent congestions of the chest, who are drifting towards emaciation and suffer from dry cough excited by tickling all over the chest Iodine is frequently indicated.

In hypertrophy of the heart, whether accompanied by disease of the valvular structures or not, where there is palpitation after manual labor this remedy is not to be forgotten. The sensation in the region of the heart is as if it were being squeezed by a firm hand. Sometimes there is a sensation of goneness or exhaustion making it almost impossible for the patient to breathe. Here you obtain some knowledge of its power over the connective tissue.

Iodine is particularly indicated in persons of dark complexion, dark hair, hence the closely built, slender brunette.

Iodine is hungry and feels the best when eating, and, though it eats great quantities at a meal, and much between meals, it continues to emaciate. Scrofulous children constantly cry for something to eat, seem never satisfied, and continue to emaciate.

There is rather a singular diarrhœa in which Iodine is indicated. In these diarrhœas the spleen is enlarged, indurated and quite sensitive to touch, the liver is enlarged and sensitive, the pancreas is functionally disturbed, and we have a white, watery stool, and as the pancreas becomes more deeply affected the stools become like whey.

In ovarian dropsy, when the symptoms agree, in uterine cancer where there are profuse hæmorrhages, and where there is a yellowish, acrid leucorrhœa Iodine must not be forgotten, particularly so in people who are sallow, dark, tawny skin with ravenous appetite and emaciation.

There are many other conditions in which Iodine is indicated and in which it should be compared with the Halogens and other remedies, but the scope of this paper forbids the study of these finer details and differentiations. You will have noticed, however, how closely the Halogens resemble each other in many symptoms and conditions. How difficult it is from a mere study of the generals and their pathology to select the one and not the other when we are sitting by the bedside of a suffering fellow mortal. To show you where to look for your marked differences, I must now return to my subject. Before doing so, however, give me just a moment of your time while I speak a few words on the marked modalities characteristic of these remedies.

Modalities.

BROMINE.

Is relieved by the sea-side, except in sailors suffering from asthma who are aggravated by going ashore. Migraine worse on the left side and aggravated by stooping or *after drinking milk*. Aggravations at the sight of running water, or putting a foot on a bridge or in damp weather.

Symptoms are increased by cold air, cold water, cold diet, cold damp weather, heat of sun. Cough is increased on entering a *warm* room. All symptoms are worse in the evening until midnight, at rest, and decreased by horseback riding. Exertion causes oppression of the heart.

CHLORINE.

In Chlorine the symptoms are worse from midnight until about 7 A. M. Lying down increases complaints of the nose. Inclination to lie down when head aches. Restless, and yet worse when walking to and fro in the room. Shuddering, chilly sensation when sitting in the sunshine. Open air ameliorates chest affection, but causes profuse discharge from throat. Damp air causes loss of voice.

IODINE.

This remedy is full of peculiarities. It is predominantly increased from warmth, particularly a warm room. Motion and exertion of all kinds increase the symptoms. Sitting up lessens the symptoms, and lying down increases heart and chest affections. It is worse in wet weather. Drinking cold milk lessens the constipation. Nearly all symptoms are lessened by eating. Because of its great sensitiveness many symptoms are increased by the touch and pressure. Let this brief resumé of modalities suffice.

MENTALITY.

By mentality I mean the state of mind, in part, the disposition. Briefly, the Ego, the real inhabitant in the house of clay; for it is the individual, his state of being and his several parts that lead us to the true diagnosis and the indicated remedy. You will observe also the great similarity in the symptoms and pathology in the study of the Halogens, and since this is true, how can I best differentiate between the several remedies?

BROMIUM.

In Bromium we have quick comprehension in the early stages of complaints, but this is soon followed by depression, sadness, anxiety, discouragement. In diseases afflicting the glandular structures there is great aversion to all forms of mental exertion, even reading is decidedly distasteful, and household duties are almost intolerable. One prover said: "She does not feel as she generally does, but cannot tell why." In cancerous troubles there is great depression of spirits, melancholy, inconsolable depression. Great sadness accompanies swelling of the ovaries and drives the woman to solitude, extreme despondency when she will want to sit in her room alone, do nothing but look constantly in one direction without saying a word. A reflex insanity.

A child suffering from croup is overtaken with extreme anxiety at each attack of cough so that the nurse finds it very difficult to console the suffering mortal. Anxiety about something, does

not know what; sadness and desire for solitude characterize the mental state of Bromium.

CHLORINE.

One of the peculiar features of Chlorine is *loss of memory for names of people,* and when this condition is prolonged it can not recognize the individual even after seeing the name in print. There is a confused state of mind, things do not appear clear, and this is followed by a fear of going insane or that reverses will surely come and he can not make a living. Hence, the patient is in a state of apprehension. In acute diseases Chlorine has some marked particulars.

For instance, there is a spasm of the glottis after mentral excitement. This spasm increases the excitement to such an extent that the little patient seems in imminent danger of choking to death. In typhus fever, when Chlorine is indicated, we have a quiet delirium alternating with the greatest restlessness and desire to run away. Or we may have a sort of intoxicated feeling with sopor and a great irritability of the nervous system. The predominant feature is *loss of memory for names of people and spasms following mental excitement.*

IODIUM.

Here, also, we have loss of memory to a certain degree, but the peculiar feature that demands attention is a feeling as if she had forgotten something but does not know what. This you will observe to be a fear, and fear enters into the mentality of Iodium to a marked extent. There is a fear that if the patient does not keep in motion day and night, not even allowing herself time to sit down to rest, she will tear things to pieces or go insane. There is a fear of accident from every trifling matter. There is a fear as of some approaching evil, and the patient is concerned with over-carefulness. Fear people, even afraid of the doctor, and will evade him if possible. These are frequently ultimates of excessive amorousness.

We have also despondency, low spirits, irritability and extreme sensitiveness. And here is one of the strong features of Iodine, that the mind is so sensitive while eating that the patient often bursts into tears. Many of these fears are worse at night.

It is during the nocturnal season that Iodine is seized with almost irresistible impulses—impulses to run—to destroy things—to kill. They seem to be stirred to the very depths of the soul.

You will see, then, though similar in symptomatology and pathology, the halogens differ very materially in the Ego—the individuality. Here is one of the strong levers of Homœopathy, for the Homœopath does not prescribe for disease or separate portions of the human body, he prescribes for the *individual.*

A FEW NOTES ON BELLIS PERENNIS.

BY HARRY B. BAKER, M. D., RICHMOND, VA.

THIS remedy is a vulnerary like Arnica, and cures many conditions arising from trauma. The late Dr. J. Compton Burnett, who is the chief authority for its homœopathic uses, reports the cure with its aid of several cases of tumors originating in a blow. Stasis and fag are its principal notes of action. Fagged womb in women who have borne children too rapidly. Acts markedly on the female sexual organs, especially engorged uterus and breasts. Uterus feels sore, bruised, conscious of a womb. Relieves soreness of uterus during pregnancy caused by movements of child, a lame, bruised sensation of abdomen with inability to walk. Dr. Boger states that in injuries to the deeper perineal tissues from labor, drop doses of the tincture relieve greatly.

Exudations and swellings of many kinds where there is great sensitiveness to touch. Sprains of joints with great soreness; sensitive to touch; bruised and swollen. Giddiness, especially in elderly people, due to cerebral stasis. It has produced crops of boils like Arnica. Sleeplessness, wakes at 3 A. M. and cannot get to sleep again. Dr. Clarke states that it is not well to give it near bedtime for fear of producing sleeplessness. It causes a tired feeling and desire to lie down. Ill effects of cold drinks when overheated, and getting wet when overheated, these with trauma are marked indications of its use. Varicose veins especially if there is a bruised, sore sensation in them. It is a left-sided remedy and causes stitches in the spleen. Think of it in cases when Arnica is apparently well indicated, but fails to relieve the exquisite sensitiveness to touch. It is generally used in the tincture. (Southern Hom. Assoc.)

Specific Effect of Crotalin.

The specific effect of the Crotalin injections is to decrease the rate of coagulation of the blood. This discovery is a very important one. Dr. John Turner, in the London Journal of Mental Sciences (Oct., 1908), very clearly shows that in cases of Epilepsy the average rate of coagulation of the blood is far greater than in normal conditions, and that the rate quickens during the period that the patient is having his attack. It was also noted that during the 24 hours before the attack, there was a quickening of the rate of coagulation, and that within the 24 to 48 hours following the fit, there was a rebound and a slacking in the rate of blood coagulation.

Dr. Ralph H. Spangler, in his report to the National Association for the Study of Epilepsy, largely confirms Dr. John Turner's conclusions.

LICHEN URTICATUS.
ITS MANIFESTATIONS AND TREATMENT WITH APPENDED HOMŒOPATHIC DESCRIPTIVE REMEDIES.*

BY RALPH BERNSTEIN, M. D., PHILADELPHIA, PA.,

Clinical Professor of Dermatology, Hahnemann Medical College, Philadelphia, Pa., Consulting Dermatologist to Various Hospitals, Institutions, Etc., Etc.

LICHEN urticatus, or better yet—urticaria papulosa chronica—of the Germans, which it really is, has clinical manifestations which are not unlike those of lichen and quite similar in many respects to those of papular urticaria.

It is decidedly a disease of early infancy, but may, however, appear in later child life. Improper and overfeeding, with resultant gastro-intestinal disturbances, seems to play an important role as its causal factor.

By many lichen urticatus is presumed to really be prurigo simplex; others contending that lichen urticatus does not become prurigo until after the third year.

The onset of lichen urticatus is acute, and may be simultaneous with the appearance of a tooth, which has given it the name of "tooth rash," but with which statement the writer does not agree.

The lesions consist of urticarial manifestations which are of the papular type, varying in size from a pinhead to that of a small pea. The lesions may last for a few days, and then disappear, only to again return.

Minute vesicular lesions may be co-associated in rare cases. The wheal or urticarial manifestation itself may at times be surmounted with a decidedly firm papule, which may last for a week or two.

While the papular lesions remain there are intermittent outbreaks of urticarial lesions. Itching is intense, so that the tops of the lesions soon become excoriated by scratching, leaving a small blood crust surmounting the lesion. Occasionally brownish stains remain.

The sites of predilection are upon the extensor surfaces of the upper limbs; the trunk next being affected, and finally the lower limbs.

The eruption in its later stages is not unlike that of scabies or the common itch, for which it is mistaken by many, especially when the eruption has become generalized.

It is important that the diagnosis should be correctly made from scabies because the latter demands a parasiticide for its eradication, whereas if used upon lichen urticatus it would be a decided irritant, and certainly would rather aggravate the condition than relieve it.

Scabies has its peculiar sites of predilection, namely, in between the fingers, the flexures of the wrists and elbows, axillary folds, penis, etc., which is not so of lichen urticatus.

Scabies has its itching "worse at night," whereas in lichen urticatus it is constant. Scabies shows burrows as the presence of the itch mite, which is not so in lichen urticatus.

Lichen urticatus shows the ever present wheal, which is not so of scabies unless it happened to be a co-associated manifestation.

Scabies would readily respond to local treatment directed for the same, which would not be so of lichen urticatus, but, quite to the contrary, would make it decidedly worse.

Lichen planus must certainly be diagnosed from lichen urticatus because again the topical treatment is exactly opposite.

Lichen planus would demand local stimulation, whereas lichen urticatus demands local soothing.

The lesions in lichen planus are flat, annular and shiny, and perhaps surmounted with minute scales. The lesions may be umbilicated and have a purplish-red hue. While it is true in lichen urticatus the lesions somewhat simulate lichen planus, they are not umbilicated; they do not have that decided annularity; but they do become somewhat flattened and somewhat shiny because of constant scratching and irritation.

Lichen planus, again, prefers the flexor surfaces, whereas lichen urticatus prefers the extensor surfaces.

A diagnosis from simple urticaria is not so important from the standpoint of either local or internal treatment, especially from the homœopathic view. Not so important from the standpoint of local treatment because lichen urticatus and urticaria both demand soothing treatment; and surely when it comes to picking the homœopathically indicated remedy it makes but little difference what the diagnosis may be because they all have their peculiar characteristics, which will be taken up under a consideration of the indicated remedy.

Locally, calamine lotion has been a very good friend indeed; to be sopped on four or five times a day, or as often as is necessary to control the intense pruritus; made up as follows: one drachm each of pulv. calamine, zinc oxide, boric acid and glycerine; lime water q. s. to make eight fluid ounces, adding one-half to one per cent. of phenol, depending upon tthe amount of pruritus present.

Regulate the diet; combat the existing constipation, if present; have the little patient drink copiously of soft water (boiled or distilled), which will assist materially in getting rid of many of the intestinal toxines. Then compare the following remedies, because therein lies the secret of success in combatting lichen urticatus. Physiological methods of treating this disease have always resulted in failure. Sub-physiological or homœopathic methods of procedure have always succeeded. If they have failed it was because the indicated remedy was not found.

*Read before the Southern Homœopathic Association, Atlanta, Georgia, November, 1913.

Therefore, seek; here are the more commonly indicated remedies:

ACONITUM NAPELLUS—6x—30x.

Lesions—Miliary vesicular. Scales are absent.

Locations—Nape of neck (usually face, hands, ears and temples in acute conditions, attended with a hot skin.

Sensations—Numbness, stinging, pricking, burning, tingling, biting, itching, tearing, crawling and drawing.

Worse—At night, on left side, wet, exposure, and in women and children.

Better—Open air.

ANTIMONIUM TARTARICUM—3x—6x.

Lesions—Papules, pustules or vesicles surrounded by a red areola, the pustular element predominating.

Locations—Chest, arms, occiput, or mucous membranes.

Sensations—Intense itching.

Worse—Evening, lying down, damp, cold weather.

Better—Sitting erect.

Associated Conditions—Patient is weakness, debilitated, irritable, sleepless, nauseated, and there is bronchial or pulmonary trouble.

Lesions—Erythemato-papular. Œdema is, as a rule, an associated symptom.

Locations—Abdomen, chest, back, or on the extremities, the extensor surfaces of which seem to have the more profuse eruptions.

Sensations—Intense itching.

APIS MELLIFICA—3x—12x—30x.

Lesions—Erythematous or erythemato-vesicular. The condition is in the acute stage and is accompanied with puffiness of the affected parts and œdematous swellings, which are pale red.

Locations—Face, head, hands and extremities.

Sensations—Intense itching, burning, stinging, smarting, pricking.

Worse—From heat, touch, pressure, in later afternoon, after sleep.

Better—Open air, cold bathing and when uncovered.

Associated Conditions—Renal trouble, weakness, a stupid feeling, and marked feverishness with absence of thirst is very characteristic.

ARNICA MONTANA—1x—30x.

Lesions—Erythemato-vesicular or papulo-vesicular. Symmetrical arrangement of the lesions is very characteristic, and there may be some œdema and a feeling of soreness of the skin, which is inflamed and has a bruised appearance.

Locations—Extremities—the legs, feet and ankles in particular; and on the scrotum and other parts of the genitals.

Sensations—Pain, drawing, itching, burning, pricking and cutting.

Worse—Evening and night, touch, open air, sweating, damp, cold.

Better—Lying with head low.

ARSENICUM ALBUM—3x—12x.

Lesions—Squamous types with a fine brainlike desquamation. Associated may be lesions pustular or vesicular in type. There is a tendency to crust formation. The remedy is more often indicated in chronic than in acute conditions.

Locations—Primary lesions—face, ears and scalp. Associated lesions—back, genitals and arms, particularly on the left hand.

Sensations—Intense burning, itching, creeping, pricking and soreness.

Worse—After midnight (1-3 A. M.), in the evening, cold, open air.

Better—Warmth, warm applications, lying with head elevated.

Associated Conditions—Great thirst, drinking little at a time, dry skin, great anxiety, nervousness and physical depression and anæmic states.

BRYONIA—6x.

Lesions—Papules or vesicles, with insidious onset.

Locations—Back and the flexor surfaces of the joints usually, but may be general. The scalp is also an important site.

Sensations—Soreness, aching, burning, itching, smarting, drawing and stitching.

CARBO VEGETABILIS—3x—6x.

Lesions—Vesicles, papules and pustules.

Locations—Chiefly on the legs.

Sensations—Itching, burning, soreness, tension and tingling.

Worse—Morning, wet weather, warmth, eating.

Better—Cold and fanning.

Associated Conditions—Tendency of the conditions to persist; flatulency and associated gastric troubles; aversion for simple foods, and blood changes in old people.

COCCULUS INDICUS—1x—3x.

Lesions—Macular, papular and pustular.

Locations—Region of the glands usually; about the neck, chest, shoulders and inner portion of the thighs.

Sensations—Itching, burning, crawling, although not of importance.

Worse—After exertion, eating, drinking and smoking. Patient cannot tolerate exposure to changes in temperature and open air.

Associated Conditions—May be spasmodic gastric disturbance, vertigo and various nervous conditions typical of the drug.

FAGOPYRUM ESCULENTUM—3x—6x.

Lesions—Erythemato-papular or papular.

Locations—Knees, elbows, hairy parts and mucous membranes.

Sensations—Intense itching and pricking.

Worse—Touching, scratching, at night in bed.

Better—Often air.

Associated Conditions—Violent itching of the

skin and mucous membranes are good indications for this remedy.

HEPAR SULPH —3x—6x—12x.

Lesions—Papules becoming papulo-pustular by secondary infection with pus organisms, with a pronounced tendency to suppuration and often a fissure and crust formation. The lesions have a sero-pus exudate which is of a very fetid and foul character; bleed very easily from the slightest irritation, and likewise are infected very rapidly.

Locations—Scalp, face, ears, chest, thighs, neck, shoulders and genitals.

Sensations—Burning, itching (mild), throbbing, tickling, stinging and pulsation.

Worse—At night, in the morning, cold, exercise and pressure.

Better—Open air, damp weather, warmth and rest.

Associated Conditions—The skin is unhealthy with a decided tendency to suppurate, dirty and very sensitive, and of a yellowish color. The patients are usually those of a lymphatic type with a tendency to glandular enlargement and to pulmonic troubles. The lesion spread by the formation of small papules around the site of the old lesion. ("In chronic and recurring urticarias, as well as in vasomotor disturbances associated with hypertrophies of the skin, to each Hepar sulph. 3x triturated may be looked upon almost as a specific."—Raue), which is verified by the author's own clinical experience. One of our best remedies in the disease under consideration.

HYPERICUM—1x—3x.

Lesions—Papules and at times vesicles, with a sero-pus exudate and crust formation of a greenish-yellow color. The skin is often dry and rough, and the lesions are of an intense red color. The eruption seems to follow along the course of the nerves of the skin.

Locations—Face and hands.

Sensations—Intense itching and smarting.

Worse—Evening and rubbing.

Better—Pressure.

Associated Conditions—May be symptoms of a neurotic type; chest and urinary troubles.

PSORINUM—6x—12x—30x.

Lesions—Vesicles, pustules and crusts are the predominant types, the vesicles being round, scaly areas as a rule.

PULSATILLA—3x—6x.

Lesions—Erythematous, papular, vesicular or pustular.

Locations—Neck, groins, shoulder, chest and face; but may be located anywhere on the body.

Sensations—Itching, burning, sticking, throbbing, smarting and stinging.

Worse—Evening, warmth, fatty foods, sweat, menses, pregnancy, scratching, motion, after mercury, quinine, sulphur and chamomilla.

Better—Open air, cold, washing, lying on back.

Associated Conditions—May be some catarrhal, female, sexual or mental symptoms and other characteristic symptoms of the remedy. The patients are usually children, women and young people. The characteristic changeableness of the remedy is much in evidence in the skin manifestations which tend to go from one place to another. The condition usually runs an acute or subacute course.

RHUS TOXICODENDRON—6x—30x.

Lesions—Vesicular, erythematous, papular, pustular and squamous. Tendency to crust formation of a thick character, having a putrid and excoriating exudate. There is tendency for the vesicles to become pustular. The lesions are usually surrounded by a red areola. The eruption may be dry or moist, according to type of lesion predominating. The crusts are of brownish or yellowish color. There is some infiltration of the skin. The vesicles are of small size and tend to scale very readily.

Locations—Inner sides of thighs, the face, genitals, eyelids, arms, or any place on the body. The hairy parts are very often affected when loss of hair is usually associated.

Sensations—Itching, burning, smarting, stinging, stitching, tingling and tension.

Worse—Morning, after bath in warm water, at night, damp, cold weather, after scratching.

Better—Temporarily from hot bathing, scratching, sweating, dry weather, local cold, pressure and motion.

Associated Conditions—May be restlessness, some rheumatic affection, œdematous, inflammatory, glandular enlargement, debilitated states, or some nervous condition. The condition runs an acute course.

SULPHUR—6x—12x—30x.

Lesions—Vesicular, papulo-vesicular, pustulo-vesicular, or squamous, but may be any type. Papular lesions generalized over the body are often benefitted. Lesions tend to crack upon scratching, and give off a thick, offensive pussy exudate which forms thick yellow crusts. The lesions bleed very easily.

Locations—Occiput, along the hair border extending from ear to ear; chin, toes, genitals, legs, flexures of the extremities, particularly groins and nates.

Sensations—Itching with or without eruption, sometimes decidedly severe; burning, tickling, tearing, stitching and smarting sensations.

Worse—From warmth, in bed, washing, sweating, wet, alcoholic beverages.

Better—From scratching, walking, during the day and in the open air.

Associated Conditions—Skin is dirty, greasy, dry and harsh. May have any co-associated symptom. Irritable, lean, mentally depressed, excessive desire for food, aversion to water, and

the typical patients are good guides to the indications for this remedy. Chronicity.

URTICA URENS—3x.

Lesions—Œdematous, circumscribed nodules of shiny bluish-redness; also minute vesicles, at times confluent.

Locations—Not important.

Sensations—Itching, heat, formication and numbness.

No. 37 South Nineteenth Street.

EMERGENCY SURGERY.

BY SPENCER R. STONE, M. D., ATLANTA, GA.

EMERGENCY surgery may be the treatment of anything from a nail-puncture to a ruptured kidney or fractured skull, and under all sorts of conditions. The work is not as pleasant as operating by appointment under ideal conditions, and having the opportunity to freshen one's memory on the anatomy of the part if desired. One should be up on anatomy, possess nerve and understand and practice strict asepsis or antisepsis, as the case requires, and be of a painstaking, conscientious nature, if one is going to do this sort of work. An emergency bag should be kept packed with such instruments, drugs and dressings as are apt to be needed. The time thus saved may permit one to reach cases promptly and prepared, perhaps, ahead of the unsystematic laggard also sent for in the excitement of the moment.

Though some are opposed to contract work, corporations, especially railways and insurance companies, writing employers' liability insurance, find it necessary to arrange with competent surgeons to be ready to attend to accidents at all times. This usually results in some sort of a contract.

The relation of the surgeon to the injured places the former in a position to be of benefit in other than a surgical sense. Because of the pecuniary relation with one party, the interest of the other should not be forgotten. The surgeon may often be instrumental in bringing about a just and amicable settlement. It is sometimes well to save the injured from the hands of a lucre-loving, ambulance-chasing shyster of the law.

Hæmorrhage demands immediate attention. It has often been arrested or checked, previous to the arrival of the surgeon, by a layman in a manner which must not be long continued, even though it may have saved the life of the injured. Picking up and ligating an artery is an easy matter in some cases. A needle is sometimes required to get a ligature around a vessel. If the bleeding point be deep or between bones it is nearly, if not quite, impossible to ligate. Torsion may suffice; but leaving an artery forcep on for twenty-four hours affords greater security. Packing must sometimes be resorted to.

The feeble efforts put forth by our law makers and officials to discourage the carrying of guns result in many gunshot wounds. They are generally sterile, and heal quickly if muscular tissue only has been penetrated, unless the track is infected by probing. The surgeon is usually importuned to remove the bullet if there is no wound of exit, but it is not necessary, in fact it is advisable to leave it unless easily located and removed. As no organ or part of the body is exempt from injury, there is no limit to the harm which may be done, perhaps necessitating the most trying and delicate operation. A ball coming in contact with bone may divide and make two or more wounds thereafter or pieces of bone may be driven through tissue adjacent. The X-ray is a satisfactory way to clear up these cases.

For several years the writer has used iodine to sterilize wounds with very good results. Formerly the tincture was used, recently a 50 per cent. solution has afforded equally satisfactory results.

One rebuilding job furnished a large number of nail punctures of feet, a wound justly looked upon with apprehension. The dry skin was painted with tincture of iodine. After the foot was cleaned the entrance was enlarged; then a cotton-wrapped applicator, dipped in 50 per cent. iodine, was introduced to bottom of wound and removed with a rotary movement. If there was reason to believe any foreign matter remained, the wound was wiped or irrigated several times. Without an exception the results were good.

Skin wounds of exposed parts of the body should be treated with cosmetic results in mind. A ragged, irregular wound may be made smooth and elliptical, edges dissected up and drawn together, leaving only a line noticeable. Pieces of a nose, ear or finger may be replaced with reasonable expectation of union taking place; a good result is never forgotten by the patient. Simple incised wounds may be held together with adhesive straps or collodion and fibres of cotton, obviating stitch holes. Subdermal stitches may be used.

In most fractures it is well to have a consultant or an X-ray photograph. It is not pleasant to be confronted in court with a photograph of a badly united bone you knew not of. Cutting down upon many fractures is a comparatively easy and safe operation, and is much preferable to leaving the ends in bad position. Wires and pegs have been used, but plates to an extent have superseded them.

Reference to some cases occurring in the writer's practice may not be out of place. Male, aged 44. Fracture of neck of femur; having just read of the Ruth method of treatment, it was applied in this case. Foot of bed raised; also, side corresponding to fracture, providing for counter-extension. Extension was made through a pulley at foot of bed. The weather being very

warm, adhesive plaster failed to hold, so a lace shoe was substituted, satisfactorily. A wide bandage was placed around the thigh as high as possible; to this was attached a cord running through a pulley at the side of and a little above the bed, to which was attached a weight, affording lateral extension. No difficulty was experienced in use of bed pan. Patient complained of pracically no pain. The result was perfectly satisfactory.

Case 2. Male, aged 30. A blow with a 2x4 resulted in immediate coma. Transported by rail to hospital 12 hours later, and prepared for operation. Before incision was made, patient made a sudden movement, comparable only to the flop of a large fish, out of water, and struck the cement floor, his head receiving its share of the concussion. He immediately sat up and delivered a volume of oaths, appearing quite normal. Operation was indefinitely postponed Patient soon left the hospital, complaining of pain in head. The motor nerves of left side were affected.

Three months later he returned asking for relief from pain. A curved incision was made over right occiput and a three-fourths inch button removed. No depression or clot was found, but the pain ceased promptly, and the paralysis was greatly improved. The last known of him he was following his occupation of bartender.

Case 3. Male, age 17. Brought to office in semi-comatose condition; with small incised wound above eye. After it was cleaned a compound fracture of the skull was detected. A depressed piece of skull was, with little difficulty, removed. Upon recovering from the anæsthetic the mind was perfectly clear. Recovery prompt and uneventful. How fatal would have been careless or unclean treatment of this case.

Not all cases found unconscious, with the odor of liquor perceptible in the breath, should be promptly considered drunk. They may have received an injury to the head. They may be suffering the disadvantage of both abnormal conditions. Emptying the bladder should not be forgotten in these cases. All head injuries should receive very careful attention; many skull fractures have been overlooked. An infected scalp wound is one of the most intractable conditions a surgeon has to contend with. The pus burrows in all directions between scalp and skull in preference to following the most enticing drain. Ample drainage and the thorough use of active antiseptics are imperative. Oil or grease is best removed from wounds with gasoline. In lacerated and suppurating wounds calendula and boric acid exert a peculiarly beneficial effect.

Though amputation is an easier disposition of a badly lacerated member, the usefulness of the member for many years should be considered. There is little danger in delay under careful treatment; constant irrigation has its advantages, and should be thought of.

The homœopathic remedy is not to be forgotten in accidents. Arnica for contusions, Hypericum in lacerations and Cantharis in burns, Scalds and burns furnish perhaps more excitement and confusion than any class of accidents. Shock and pain are to be relieved as promptly as possible. Adrenalin and saline solution have proven to be superior to strychnine in the former. Morphine may be given for pain, but pure campho-phenique locally, where skin is not broken, 50 per cent. with olive oil when it is broken, gives prompt relief. For subsequent dressings unguentine is very satisfactory, but in extensive burns a more economical dressing is calendula cerate. A fine mesh cloth is less injurious to granulations than gutta-percha or gauze.

Penetrating wounds of the viscera generally require an operation. Contusions not causing symptoms of hæmorrhage should be given rest in bed and expectant treatment, with a guarded prognosis. The amount and condition of the urine is valuable in determining whether we have a kidney or bladder injury to deal with.

CORRESPONDENCE.

A LETTER FROM THE OZARKS.

Editor Medical Century.

Dear Sir: May I have a word to say to such of your readers, of the homœopathic school of medicine, as live and practice in those sections of Southwest Missouri, Southeast Kansas, Northeastern Oklahoma, and Northwestern Arkansas which lie within the confines of the Ozarks.

Within the region known as the Ozarks there are vast opportunities and possibilities for furthering the caue of Homœopathy.

We have numerous towns, villages, and some good sized cities where Homœopathy has never been heard of, only in a vague manner.

There are a large number of fairly good Homœopaths and many extra good ones scattered over this Ozark district, but their work has never become as well known throughout the district as it should be.

We need a well organized movement in this new field, which can get behind the individual physicians and encourage others to locate in the numerous unoccupied towns, and carry forward a work of placing the superior advantages of homœopathic medication before the people of this entire section.

What the Missouri Institute of Homœopathy has done for Kansas City and Saint Louis, together with that section of Missouri lying north of the Missouri River, needs to be done for the entire Ozark region.

We need, and ought to have, a new organization in this field, and it ought to be formed as a

kind of Ozark Institute, Homœopathic Medical Institute.

Such an institute should hold its sessions in the late fall months every year, and should change its place of meeting from one to another of the leading cities of the district, wherever the best advantages can be found. Such an institute should meet for not less than one full week's time, during which papers and discussions from its members should be in order; also addresses from the big men of the profession from all parts of the United States. Aside from these there should be a free public medical clinic, where our best prescribers might show the rest of us how they do it; where physicians might bring their difficult cases; where the general public could be shown how the indicated remedy works.

At such meetings opportunity could be had to spread the work of Homœopathy, from town to town, throughout the district.

Many of these centers have newspapers, which I am certain would give publicity to the doings of these conventions, and in this way scatter them throughout the country adjoining them.

The writer has talked this matter over with a few physeicians of this district and they favor it.

Acting upon the suggestion of Dr. Burch, of Carthage, late president of the Missouri Institute of Homœopathy, the writer here presents the subject to the physicians of this district.

I want every physician of our school now practicing in the Ozark regions of Missouri, Kansas, Oklahoma and Arkansas, who is in favor of such a movement, and who is willing to support it with his membership and attendance whenever possible, to send me his name and address on a postal card. I want them to act at once and without delay, for I want to enter into a personal correspondence with them concerning the matter.

If sufficient interest can be had I would like to call for a meeting to convene in Kansas City, Mo., next April, when the Missouri Institute meets, and then form the nucleus for such an institute, and then proceed to plan for the first annual convention to be held the following fall.

Because of its central location in relation to the Ozark regions; its railroad facilities, giving every access from all points, and its numerous points of interest, as the center of the largest lead and zinc mining industry in the United States, it seems to me that Joplin, Mo., must offer us the greatest number of inducements as a place to hold this first convention should one be organized.

I am confident that the public spirited citizens of Joplin would freely open their hearts to us. I believe they will furnish us with a commodious place in which to meet free of cost. I believe that our hotels and railroads can be induced to give us special concessions in reduced rates if a good attendance can be had. I am certain that a number of automobiles will be placed at our services that all visitors may take in the points of interest in our great mining industry.

I think that clinical cases may be secured in abundance from our vicinity.

Our daily papers circulate through the entire Ozark region. And while such a convention would greatly boost Homœopathy in the vicinity of Joplin, it would certainly help our cause throughout the Ozark section better than any other place, because of its central location.

Once we could get together and come into close contact there is no doubt our work would meet with success, no matter where it was held, but whatever is done its success depends upon how it is started. I am confident that if such an institute can be had, and if its starting convention meets in Joplin, success is certain to crown its efforts.

In conclusions, my fellow Homœopaths of the Ozark region, may I call upon you to rise above personalities and personal views; let us forget the facts for the present as to whether we are alternationists, combinationists or single remedy prescribers; and furthermore, let us discard all claims as to whether we are high potency or low potency men and women, and get together, with one common desire to be Homœopaths.

When once organized as Homœopaths we may without fear or favor learn from actual experiences those things which may make us better as men and women in the discharge of our duty as Homœopaths; and in so doing we may by helpful co-operation place Homœopathy before the minds of our people throughout the district.

If every Homœopath in the Ozark region will lend us his support, and send his or her name at once, such an institute may be organized, and will prove to be a needed thing in our midst.

Should Homœopaths elsewhere in the States named, or in any other part of the Union, be willing to lend us their support, the same are also asked to respond by postal card or otherwise.

Come, friends, let us get out of the mire and rut. Let us arise into the high places and raise aloft the standards of Homœopathy. Who will come first? Don't wait for some one to start, but start yourself now if you are in favor of this idea.

Address your responses to me personally.

Very truly,

C. S. Tisdale, M. D.,

Joplin, Mo.

COMMUNICATIONS FROM PRESIDENT WILCOX.

Dear Doctor:

We have arrived at a period in the history of the American Institute when it becomes imperative to show our numerical strength. To the end that we may have an attendance at the Atlantic City meeting which will demonstrate this strength beyond peradventure of a doubt, I am selecting a cabinet of one hundred men, tried and true, who will pledge me their best services for this accomplishment.

I have selected you as one of that number because I know you are dependable and loyal to the Cause. I want you to get at least ten new members for the Institute before June 1, 1914. Physicians who have graduated within three years from said date are admitted for one dollar membership fee (no dues), and one dollar for the *Journal* (one year). All others must pay three dollars membership fee (including first year dues) and two dollars for the *Journal* (per year).

I also want you to get the promise of at least twenty physicians that they will attend the Atlantic City meeting of the Institute beginning the week of June 29th. If you find a physician who is eligible to membership but who refuses to join, kindly send me his name and I will use a "follow up" method that may secure him.

Do you realize that an attendance at this coming meeting, of two thousand members, would do more toward placing Homœopathy in the ascendency than all the propagandistic work we have done in ten years?

Do you know there are fifteen thousand registered homœopathic physicians in the United States, representing seven millions of clientele? Should we not have one-third of the fifteen thousand physicians as members of the Institute?

We can do this if one hundred of us bend our backs to the burden. Will you help me? Please answer promptly and blanks will be sent you.

Yours for homœopathic aggression,
(Signed) DeWitt G. Wilcox,
President.

Editor Medical Century:

The many-sided Dr. C. E. Sawyer is now acting as "advance agent and general manager" for the President of the Institute to "swing 'round the circle" and address a dozen state societies of the Middle West.

By careful planning and some shifting of dates on the part of various state secretaries, Dr. Sawyer has arranged the following schedule wherein the President, Dr. DeWitt G. Wilcox, will not only address the members of the various societies, but in addition thereto will address general audiences of the laity, upon matters pertaining to modern medicine in general and Homœopathy in particular. It is the intention of Dr. Sawyer to have the Governors of as many states as possible present at these popular gatherings, and use the occasion to the fullest for the advancement of the cause of Homœopathy to the laity.

Dr. Sawyer and the President together with the various secretaries of the state societies are studying every detail of this proposed trip to get in some sledge hammer blows for the good of the Cause.

The itinerary is as follows:

Ohio State Society at Columbus, May 11.
Michigan State Society at Saginaw, May 12.
Indiana State Society at Indianapolis, May 13.
Illinois State Society at Chicago, May 14.
Missouri State Society at Kansas City, May 15.
Iowa State Society at Des Moines, May 18.
Minnesota State Society at Minneapolis, May 20.
Wisconsin State Society at Milwaukee, May 21.

BOOK REVIEWS.

Specific Diagnosis and Specific Medication. By John William Fife, M. D., formerly Professor in the Eclectic Medical College of the City of New York. A thorough work on specific medication, embodying the work of the late John M. Scudder, M. D. Second edition. 8vo., 784 pp. Cloth, $5.00; sheep, $6.00. J. K. Scudder, Publishers, 630 W. 6th St. Cincinnati, O.

If there be one book in the Eclectic School of Medicine that possesses value to the homœopathic student and physician it is certainly the Specific Diagnosis and Medication, put forth in the first place by Scudder and continued by Dr. Fife, a copy of which, in the second edition, is now before us. The specific value of this book to the physician of our school lies in the excellent presentation of remedies applied for the cure of disease. The indications for these remedies are right along the same lines as are found in works on homœopathic materia medica. Possibly there is not quite so much attention paid to symptomatology as with us, but the book possesses an exceedingly great value as a work on curative medicine. Such drugs as Echinacea, Eupatorium, Gelsemium, Cimicifuga, and many others have been appropriated by the homœopathic school, although coming originally from the eclectics. In this work reference to these as well as many others is found which will amply repay the possession of the volume. We certainly can recommend the book to the members of our school. The dosage used is, we believe, oftentimes too large, but that is a matter for individual experience to determine.

Principles of Surgery. By W. A. Bryan, A. M., M. D., Professor of Surgery and Clinical Surgery at Vanderbilt University, Nashville, Tennessee. Octavo of 677 pages with 244 original illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $4.00, net.

This work on Surgery is a very handy volume and is an excellent book to use as a foundation for surgical knowledge. It is well arranged and illustrated, and will especially find a sale among students of medicine for whom it was especially arranged, it being the outcome of a practical

teacher of Surgery. It is beginning to be realized that a student in a medical college can do no more than to gain the essentials of any medical topic, and, therefore, the more concise and to the point out text books are presented, the better will be the result of the teaching. The elaboration and rounding out of a surgical course will depend somewhat upon conditions as to whether a given practitioner of medicine expects to devote his entire time to surgery or whether he expects to devote it to general practice with such surgical knowledge as is essential thereto. We can heartily commend this volume.

Leaders in Homœopathic Therapeutics. By E. B. Nash, M. D. Fourth Edition. 493 pages. Cloth, $2.50, net. Postage, 16 cents. Philadelphia: Boericke & Tafel. 1913.

This excellent book is now in the fourth edition and differs from former editions by having prefixed to each remedy a few of the leading symptoms, and this double arrangement will tend to impress the remedies very firmly in the minds of the practitioners and students and serve for off-hand prescribing. We regard this work as one of the best books in the school. There is nothing in it but good, straight Homœopathy from cover to cover and we believe that the demand for it will continue as long as Homœopathy exists. An excellent index to the remedies adds to its usefulness. Further, a second index, called "Therapeutic," is of special value. Dr. Nash has included in this work the nosodes and it is, we believe, the only book which gives reliable indications therefor. We certainly can commend the book to every practitioner.

Essentials of Gynæcology. By Edwin B. Cragin, M. D., Professor of Obstetrics and Gynæcology, College of Physicians and Surgeons, New York. Revised by Frank S. Matthews, M. D., Assistant Professor of Clinical Surgery, College of Physicians and Surgeons, New York. Eighth Edition, thoroughly revised. 12mo, of 240 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.00, net.

This book is in the fifth edition, and the frequency with which editions have been issued indicates that it occupies a useful place in the book world. The present edition has been reviewed and the newer aspects of Gynæcology have been incorporated.

The Question Compends of the Saunders Co. have ever been popular, and this one on Gynæcology is not the least of them.

Diseases of the Kidneys and Nervous System. By A. L. Blackwood, B. S., M. D., Professor of Clinical Medicine, Hahnemann Medical College, Chicago. 346 pages. Cloth, $1.50. Postage, 9 cents. Philadelphia: Boericke & Tafel. 1913.

This work is the closing part of Dr. Blackwood's labors in presenting to us a series of manuals on internal medicine. The author has presented to us facts as he observed them in his clinics, hospital and private practice and he has incorporated only the verified and practical. The subjects of diagnosis, hygiene, and dietetic treatment are most excellently given and the therapeutic part is filled with very many useful hints. We cannot, however, agree that the doctor has always selected the best remedies in a given disease. We note, for instance, that he recommends *Lathyrus sativus* in locomotor ataxia. We cannot imagine a case where this remedy could possibly be indicated in this disease, its grand characteristics being its action on the motor tract and its causation of exaggerated reflex action, whereas locomotor ataxia is not a disease of the anterior columns and abolition of reflexes is pathognomonic of this affection. However, Dr. Blackwood has given us an excellent manuel an done that will prove of great use to both student and practitioner.

Anatomy and Physiology—A Text-Book for Nurses. By John Forsyth Little, M. D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. 12mo., 483 pages, with 149 engravings and 4 plates. Cloth, $1.75, net. The Nurses' Text-Book Series. Lea & Febiger, publishers, Philadelphia and New Yrk. 1914.

This concise work presents all the essential points of anatomy and physiology, which the nurse must have at command for the proper comprehension of her professional duties. The author's style is clear and untechnical, and no theories have been included except those which have been definitely accepted by teachers of these subjects. Emphasis has been placed on the descriptions of organs and their functions which are of fundamental importance in the practical work of the nurse. The volume is extremely well organized, and the judicious use of heavy-faced type brings out in their proper relations the various headings and sub-heads according to their importance. The illustrations are very unusual in their excellence; many of them are taken from Gray's Anatomy, and these have the names of the parts engraved directly on the face of the cut, so that each part, its relations and extent are manifest at a glance. At the end of each chapter there is a list of questions which serves to impress upon the mind the salient points in that chapter. At the end of the book there is a table of weights and measures, a full glossary, and an admirable index. This work stands alone in its efficiency as a teaching instrument in the nursing field.

MEDICAL CENTURY

THE NATIONAL JOURNAL OF
HOMŒOPATHIC MEDICINE AND SURGERY

PUBLISHED MONTHLY BY
THE MEDICAL CENTURY PUBLISHING CO.
LANCASTER, PA.

WILLIS A. DEWEY, M. D. - - Editor
LEWIS P. CRUTCHER, M. D., - Associate Editor

All communications to the Editor, Books for Review, Exchanges and Contributions for publication, should be addressed to Ann Arbor, Mich

VOL. XXI FEBRUARY 1914 NO. 2

THE CLEVELAND SITUATION.

THE City of Cleveland has long been known as a homœopathic center, and it has also been known as a hot bed of homœopathic discontent and strife. The second oldest homœopathic medical college in the United States is located in that city, and was there established in 1849, sixty-five years ago. It has undergone changes of name some ten or twelve times, the latest change having been made in 1909 when Pulte Medical College, of Cincinnati, closed its doors uniting with the Cleveland College under the name of Cleveland-Pulte College. The contentions that have arisen in this college, while perhaps not unique in medical college history, have been many and serious, from a complete division into two separate institutions and faculties to complete desertion of some half baked medical embryos under the leadership of some half baked walking delegate, to local allopathic colleges.

However, in spite of all this Homœopathy has thrived in Cleveland, and not a small proportion of the inhabitants of that city are homœopathic patrons.

The college, besides all this, has labored under the advantage, as have many of our institutions, of being under control of a body of men who have grown old and who have fallen asleep at the switch without knowing it, and who have not happened to have had any more serious catastrophe than the loss of all hospital affiliation for the clinical use of the school.

There was, and is, adjoining the college, what is known as the Huron Road Hospital, a good institution of 100 beds, formerly under homœopathic control exclusively, with a Board of Trustees in harmony with the college management. Changes in this board brought into its composition business men who were of the opinion that a hospital should be a commercial enterprise, and a superintendent who could make money out of the institution at the expense of the sick, was retained for years, until all self-respecting homœopathic physicians were glad to withdraw. The institution is now unconnected with the college, but its students are permitted by suffrance to have certain privileges. It is in no way a homœopathic hospital.

The Cleveland College for years has enjoyed privileges in the Cleveland City Hospital of 500 beds where every fourth case was under homœopathic treatment. Not only was this arrangement advantageous to the college, but agreeable to the people of the city seeking hospital aid, for therein they could have the system of medicine of their choice and not be forced in the hours of illness to accept a system of medicine known to them to be less successful in the treatment of disease than the one in which they were brought up.

Thrift, however, again has stepped in and the City Administration has turned over the City Hospital to the local allopathic medical school entirely. This outrage is especially aimed at the part of the population of Cleveland which employs homœopathic treatment. If economy were alone the reason the institution would belong entirely to the homœopathic school, but there is a deeper significance than this. The medical college to which the hospital has been turned is managed by the great medical trust, its faculty contains some of the high lights of the internal ring of that Trust.

The Cleveland Homœopathic Medical Society at its last meeting passed the following resolution without a dissenting vote:

"*Resolved*, That the Cleveland Homœopathic Society unqualifiedly condemns the action of the city administration in turning a public hospital, supported by the public, over exclusively to one private teaching institution, thus excluding homœopathic students from clinical facilities necessary for complete training and seriously embarrassing an institution which has been for more than sixty years a credit to this city and state, an institution which is as strong in respect to character and number of alumni as the institution in whose favor this unwarranted action was

taken. We believe such action to be unfair and undemocratic and contrary to the spirit of liberality which has characterized previous administrations of city affairs."

Thus the Cleveland-Pulte College is likely to suffer from absolute want of hospital facilities.

There is, however, in Cleveland a wonderful undercurrent of good, strong homœopathic sentiment, and it needs a calamity to bring it to the surface. This undercurrent we learn exists largely among the younger men of the profession who have been kept in the background by the older men, who will not admit that they are growing old, nor that their time of usefulness is passing and in many instances already past.

There should be a strong homœopathic hospital in Cleveland, and we believe that as soon as the younger men are awakened and organized this consummation will be magnificently realized. The MEDICAL CENTURY suggests that Cleveland establish a Physicians' Homœopathic Hospital Association, and set the maximum age limit of its membership at 45, and allow none to enter its meetings or to have a voice in any of its affairs who exceed this age limit, and then go ahead and work. Success would be certain.

THE CALIFORNIA LAW.

CONTRARY to what has been generally understood the new law in California has placed the state in the grip of the Medical Trust again. The new Board seems to have taken matters in its own hands and to have entirely disregarded the law, and in its first examination held on January 14 treated the same with contempt just as all laws would be treated by this Trust were it in control of government medical affairs.

We cite the following case as evidence of the correctness of the above; a physician applied for license to the California Board with the following credentials:

1. A diploma from a medical college in good standing at the time the same was granted and issued over fifteen years previous to the creation of the Board.

2. Licenses from the states of Illinois, Florida, Kentucky, Missouri, duly issued upon sufficient credentials from these states and issued before creation of this Board.

3. A diploma from another medical college connected with a university in good standing at the time of issuance and dating some ten years previous to the appointment of this Board.

4. An honorary (Ad Eundem) diploma issued by a medical college in good standing at the time said degree was granted and dating some seven years previous to appointment of this Board.

5. The candidate was for thirteen years a professor in one of our homœopathic medical colleges.

6. Was president of his State Homœopathic Medical Society.

7. Was president of the District Homœopathic Society in his region.

8. He is an active member of the American Institute of Homœopathy.

With these credentials he was considered unfit to practice medicine by the members of the Board. He was purposely given an examination and purposely made to flunk. (He passed the examination of one of the states granting him a license with a general average of 92 per cent.) Simply because the edict has evidently gone forth from the Medical Trust to cut down the admission of homœopathic practitioners in California. As Harry Lauder says, "Can ye beat it?"

Our profession on the Coast should fly to arms and see that justice is done. It is not the fight of one individual but the entire profession.

SYPHILIS AND SALVARSAN.

DR. E. C. BURROWS, in an article in the last *Medical Record*, states that 400 fatalities have been reported from Salvarsan in three years of its use, while only seventy have been caused by Mercury in the last sixty years. Ehrlich's original idea that syphilis could be cured with Salvarsan has been conclusively disproved. The physicians of the allopathic school are now combining the mercurial treatment with Salvarsan. It fact, Salvarsan in repeated doses is considered questionable, and Mercury is considered necessary in every case. Further, there is a growing conviction that the use of Salvarsan is responsible for the increase of paresis, or paretic dementia, in which disease, by the way, known to be syphilitic, neither Salvarsan nor Mercury has ever had any effect.

It is quite as idiotic a procedure to apply Salvarsan or Mercury, or both combined, in every case of syphilis, or because the Wassermann test is positive, as it would be to apply *Belladonna* in

every case of scarlet fever, and yet there are those who will make the Wassermann test repeatedly, find it negative and yet advise Salvarsan as a *tonic*. These men belong to no school of medicine, and sooner or later find their proper scientific level as detail men for some pharmaceutical establishment, and go about the country telling real physicians how and what to prescribe.

Thus it appears that scientific allopathic medicine has no more real faith in Salvarsan than it has in the Friedman tuberculosis treatment, and it goes back to the old specific (homœopathic in its action) Mercury in this disease.

NEWS ITEMS.

ILLINOIS.

The Federation of Examining Boards is to hold its meeting in Chicago on February 24th. The Hotel Sherman will be the headquarters of all homœopathic physicians who attend that function.

The regular monthly meeting of the Homœopathic Medical Society, held on January 15th, was devoted to the consideration of Urinary Diseases, especially a Symposium on Albuminuria. Dr. Theo. Bacmeister is Secretary of this society and he is a good one.

The Regular Homœopathic Medical Society monthly meeting, held at the Hotel Sherman, January 6th, had papers presented by Drs. H. W. Pierson and J. B. S. King.

MICHIGAN.

The Homœopathic Medical Society of Western Michigan met in Grand Rapids on the 21st of December with excellent papers on the program, entitled "Twenty Years After," by Dr. Karl Greiner, of Sparta, and "Carbolic Acid," by Dr. A. L. Ruffe, Grand Rapids.

The Practitioners' Society, of Detroit, held its monthly meeting on January 19th. Dr. E. S. Bailey was the guest of honor and told the story of Radium. An excellent paper on Psychic Vomiting was presented by Dr. H. B. Drake.

The State Board of Medical Examiners, of Michigan, has restored the subjects of Materia Medica and Practice of Medicine to the list of subjects to be examined in.

Dr. John A. Lenfestey, of Mt. Clemens, has accepted an invitation to prepare a paper for the Bureau of Dermatology at the next meeting of the Institute.

NEW YORK.

The American College of Surgeons met in New York on January 9th and elected its officers for the ensuing year. Neither on the list of officers nor on the Board of Regents does the name of any homœopathic physician appear.

The new Private Patients' Pavilion of the Flower Hospital, at 450 East 64th street, New York, was opened for inspection on January 17. The building, which is connected with the main hospital by corridors, is six stories high, 140 feet long, and 40 feet wide. The basement contains the main and diet kitchens, dining rooms for the staff, store rooms, etc. On the second floor are the offices and administration rooms; on the second floor semi-private wards containing four to six beds each; on the third floor the maternity ward and private rooms; on the fourth and fifth floors private rooms only; and on the sixth floor the operating rooms. The building is supposed to be fireproof and there is no wood trim in it.

Dr. D. J. Roberts, of New Rochelle, leaves on February 7th on a trip to the Windward Islands and expects to return by the way of Panama, and the islands of Jamaica and Cuba.

Dr. H. M. Briggs has been appointed, by the Governor of New York, as Commissioner of Health, vice Dr. E. H. Porter.

OHIO.

The Toledo Homœopathic Club held its regular monthly meeting on January 27th. Papers were read by Drs. A. T. Barnum, Geo. A. Denman, and F. W. Morley.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, December 11th, 1913, at 8:30 o'clock. The scientific program consisted of the following:

"Osteopathic Lesion," A. G. C. Stetson, D. O., M. D.

"Spinal Therapy From the Chiropractic Standpoint," John A. Fisher, M. D.

A report of the Committee on "Medical Siftings" was read by Dudley Saul, M. D., and was a very interesting feature of the meeting. The scientific session was followed by a social hour, after which refreshments were served, and all those present expressed themselves as having thoroughly enjoyed the occasion.

WM. M. SYLVIS, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the "Majestic," Broad and Girard Avenue, on Monday evening, December 22, 1913, at 9 P. M. After all business matters had been transacted the members attended the regular Christmas banquet, which was a very delightful affair and was well attended.

W. C. MERCER, M. D., *Secretary.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, December 20th, 1913, at 8:30 o'clock. Many interesting papers were presented, among those being:

"A Further Report on Two Cases of Fracture of the Larynx," F. W. Smith, M. D.

"The Relative Malignancy of Tumors of the Female Genitalia," J. E. James, M. D.

"Report on a Series of Typhoids Treated with Vaccines," S. W. Sappington, M. D.

Election of officers then took place, and keen interest was shown at this meeting by a large number of members present.

B. K. Fletcher, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the office of Dr. A. D. Krewson, 4613 Paul Street, Frankford, Pa., on Wednesday evening, December 17, 1913. Among many important features of the meeting was a paper on "Parasitic Diseases," which was read and proved to be of great interest.

J. D. Boileau, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad and Girard Avenue, on Monday, the 15th of December, 1913, at 9 P. M. A paper on "A Stereoptical Demonstration of the Necessity for Roentgenography in the Diagnosis of the Gross Pathology of the Abdomen" was read by Dr. Walter S. Baker, after which a hearty discussion took place. The Censors reported favorably the names of Drs. M. Wells Benjamin, William S. Ackley and Frank A. Nagle. Nomination of officers then took place. The meeting was an interesting one and was thoroughly enjoyed by all present.

L. W. Thompson, M. D., *Secretary.*

West Philadelphia General Homœopathic Hospital Staff held a meeting at the hospital on Wednesday, December 31st, 1913, at 3 P. M. Many matters of importance were taken up and the meeting proved to be an interesting one.

F. B. Quackenbush, *Chief of Staff.*

The Women's Homœopathic Medical Association, of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Anna D. Saruer, 736 South Avenue, Wilkinsburg, Pa., on Thursday, January 8th, 1914, at 8 P. M. A very interesting paper on "Diseases of the Throat, Which Occur During Childhood," was read by Dr. Jonathan and was thoroughly enjoyed by all members present.

Lydia B. Pierce, M. D., *Secretary.*

The Tri-County Homœopathic Medical Society held its Christmas meeting at the office of Dr. T. L. Adams, 1831 Chestnut Street, Philadelphia, Pa., on Tuesday, December 9th, 1913, at 1 o'clock. Dr. Adams read a paper on "Conservative Methods of Treatment of Hemorrhoids," after which several demonstrations of cases were given. Dr. C. R. Palmer, of West Chester, read a paper on "Constipation—Non-Medical Treatment," which was very ably presented. The meeting was brought to a close by an address by Dr. W. B. Stewart, of Philadelphia, the title being "The Phylacogens." The meeting was a very enjoyable one and a delightful time was had by all members present.

Isaac Crowthers, M. D., *Secretary.*

Child-Saving Work has been begun in Philadelphia, under the direction of the Bureau of Medical Education and Licensure of the State of Pennsylvania. It deals with midwives.

It is estimated that there are between 600 and 800 midwives in this city, and an effort is being made to bring every one of them under the control of the State Bureau, to grant a license to those who are fit to practice this most delicate branch of medicine. The reform is being effected by the enforcement of an act, which, after bitter opposition, was passed by the last Legislature. This provides for the better protection of the lives, bodies and health of new-born children and parturient women through the Commonwealth, by regulating the practice of midwifery, as performed by midwives in this State. Its enforcement rests with the Bureau of Medical Education and Licensure, and penalties are provided for violation of its provisions.

A considerable number of midwives, who have been notified to appear at these examinations and take out State Licenses, have failed to do so. A probable reason for this is that they think the certificates they already hold, and which were issued by the city under the old law, are sufficient. These women, however, are all practicing illegally, and unless they get a State certificate under the recent act they will be prosecuted. These women will all be given further notice, probably by personal visitation by the inspectors, before any action is taken against them.

PERSONALS.

Mrs. Charles Harlem Colman announces the marriage of her daughter, Mildred Hamilton, to Doctor Edgar Bieber, on Thursday, January the first, nineteen hundred and fourteen, New York City. At home after February the first, 518 E. Ferry Street, Buffalo, New York.

Dr. Percy A. Tindall announces the removal of his office to 2102 Chestnut Street, Philadelphia, Pa.

WISCONSIN.

The law passed recently by the Legislature of Wisconsin on eugenics, requiring all who married within that State to undergo the Wasserman test and other formalities, has been declared by the courts to be unconstitutional.

OBITUARY.

Dr. Emma F. Richardson.

Cedar Rapids, Iowa, January 7th, æt. 57. Iowa University, Homœopathic College, 1893.

Dr. Edwin De Baun.

Passaic, N. J., January 7th, æt. 59. New York cal College of Chicago, 1880.

Dr. E. R. Ellis.

Detroit, January 7th, æt. 81. Cleveland, 1857.

Dr. Abby S. Morse.

Gloucester, Mass., December 2, æt. 68. Boston University School of Medicine, 1875.

Dr. Chas. A. Pusheck.

Chicago, January 1, æt. 54. Hahnemann Medical College of Chicago, 1880.

Dr. Horace H. Tinker.

New London, Conn., November 20th, æt. 61. New York Homœopathic Medical College, 1875.

PHARMACODYNAMICS AND THERAPEUTICS.

BY A. E. HINSDALE, M. D., BAY CITY, MICH.

Bouillon Cubes.

One-half to three-fourths of bouillon cubes is table salt. The cubes are not concentrated beef or meat essence as many people believe. They are valuable stimulants or flavoring agents, but have little or no real food value. Bouillon cubes, therefore, are relatively expensive.

Semi-solid meat extracts sold in jars are not concentrated beef. They are stimulants and flavoring adjuncts and have only a slight food value, owing to a small amount of protein (muscle building food) which they contain. They are more expensive than homemade soups.

Fluid meat extracts are dilute solutions of semi-solid meat extracts. They are sold in bottles and are flavored. They are more expensive than the semi-solid meat extracts because they contain more water.

Commercial meat juices are largely deprived of their most valuable food constituent—the coagulable protein, or muscle building food. They are similar to fluid meat extracts, and some makes cost more.

Homemade meat broth is more nutritious and provides more meat extractives, protein and fat at less expense than the commercial preparations.

Homemade meat and vegetable soup contains much more food, and is, therefore, much cheaper than the bouillons or soups prepared from commercial cubes, extracts or juices.—Bulletin U. S. Dept. of Agriculture, No. 27.

Vaccination.

During the past five years small-pox in the United States has shown a steady and gratifying decrease. In 1902 there were reported 54,014 cases with 2,083 deaths; during 1906 there were reported 12,503 cases with 90 deaths. This decrease has doubtless been brought about by the increased viligance on the part of State and National authorities, and the wide dissemination of information in regard to the prevention of the disease. Many cities and states have enacted ordinances requiring the vaccination of all children before they are allowed to attend the public schools. In Germany, where vaccination is compulsory and universal, during the year 1906 there were, according to reports received by the Public Health and Marine Hospital Service, in the whole Empire but 26 cases of small-pox with 5 deaths, and these cases were largely imported from neighboring countries, where small-pox is prevalent and unchecked by general vaccination. The experience of Germany, where compulsory vaccination has been in force for 30 years, proves conclusively that small-pox as existing in the United States is entirely unnecessary, and vaccination and revaccination can not be too strongly urged as the only means of removing this pest from our midst.—Public Health Report, No. 23.

Calcium.

There is a marked demineralization in stages of pre-tuberculosis. Rodillon has worked out a simple method of detecting it. The calcium is eliminated mainly by the intestines and the kidneys; on a vegetable diet by the intestines and on a meat diet by the kidneys. Consequently the patient must be on a meat diet for two or three days before the test. All that is needed is a graduated cylinder tube, 10 cm. high and 15 mm. wide, a white card with a heavy black line across the center, 2 or 3 mm. wide, a mixture of neutral ammonium oxalate 3 g., glacial acetic acid 5 g., distilled water 40 c.c. The cylinder is filled to the 5 c.c. mark with the reagent and then with an aqueous solution of some calcium salt, corresponding to 0.2 g. of calcium oxide to the liter, up to the 10 c.c. mark. The contents are mixed and the tube is then set on the black line on the card and the fluid is taken up and discarded with a dropper until the black line becomes perceptible below. This is the standard for comparison. The test is then repeated with the urine to be examined; 5 c.c. of urine are added to 5 c.c. of the reagent in the tube, and the height of the fluid when the black line becomes perceptible is the "calcimetric index."—C. A.

Choline.

After testing various biological and serological methods of treatment for cancer as well as toxins and ferments and finding them mostly ineffectual, the physico-chemical method of treatment has been adopted. The physical part of the treatment consists of electro-therapy and radio-therapy. The effect of radio-therapy can be obtained with smaller doses of the rays by combining this treatment with the injection of certain chemicals, among which are Th-X, choline, arsenic, neurine, enzytol. The last named is most valuable to combine with the rays; favorable results have been obtained in apparently hopeless cases with relatively small amounts of the rays by the help of the combination treatment.

Nitrites.

The nitrites of sodium and potassium possess a similar action on the blood vessels. This action is dependent upon the nitrite radicle. Nitroglycerine also belongs to this group because it is reduced to nitrite in the body. These substances all have the following effects: (1) Dilatation of the capillaries of certain parts of the body causing a fall of blood pressure only when extensive; (2) narcotic effect on the central nervous system. Sodium nitrite given intravenously in 2 per cent. aqueous solution has the same action as amyl nitrite. Nitroglycerine has a similar effect. Its action lasts longer and there is a cumulative effect.—Karl Schloss.

Radium.

Internal administration of radium failed to give positive results with regard to inhibition of growth of malignant tumors. After feeding radium bromide to mice the kidneys, and next the stomach and lungs, showed the greatest prostmortem activity. After the ingestion of insoluble Ra Ba sulphate activity was detected in the fæces, and only 10 per cent. in the urine in 24 hours. The elimination of an insoluble radium salt was very slow; after 23 days the fæces still contained Em and activity was detected at the place of injection after 32 days; the liver was the only one of the organs to show a slight amount of Em at that time. The principal paths of elimination were by the large and small intestines, while the lungs served almost exclusively for Em. Very small doses of radium, introduced per os or subcutaneously, are not injurious and have no effect on metabolism, respiration or on the nervous system. Large doses, given by mouth, cause hæmorrhages in stomach and lungs.—Guy's Hospital Reports, 65, 131.

Alcohol.

Sottile tested the bacterial action of ethyl alcohol in various concentrations upon B. pyocyaneus, Staph. pyog. aur., Strept. pyog. and B. coli. The above organisms in bouillon culture suspended on silk threads were not killed by a 40 per cent. sol. in 6 minutes; 50 per cent. alcohol killed Strept. pyog in 3 minutes, but did not influence the rest; 60 per cent. alcohol killed Strept. pyog. in 3 minutes, and B. pyocaneus in 6 minutes; B. coli was not influenced; 70 per cent. alcohol killed the Strept., Staph. and B. pyocyaneus in 3 minutes; the colon bacillus remained unaffected for 6 minutes; 30 per cent. mained unaffected for 6 minutes; 80 per cent. alcohol killed all the above organisms in 3 minutes.—Chem. Abst.

Corpus Luteum.

A human corpus luteum was isolated as exactly as possible, ground with quartz sand and extracted with physiological salt solution. This extract accelerated the coagulation of blood to a marked degree. It may be readily conceived that the lutein cells check ovarian hæmorrhage at the Graffian follicles.

Benzene.

Benzene causes a disappearance or amelioration of some of the symptoms in leucemia. Even after a short period of administration (3-4 g. daily for 4-6 weeks), Wachtel found a marked drop in the leucocytes (from 102,000 to 37,000), the spleen decreased in size, and the temperature diminished. Benzene did not act unfavorably upon the erythrocytes and hemoglobin, but was rather beneficial, causing an increase. The disease itself is, however, not caused by benzene.—Chem. Abst.

A Sinusoidal Reflex Chart

Drawn by Chas. L. Ireland, M. D., showing the nerve centers of the spine which can be stimulated with the sinusoidal current, has been published by the McIntosh Battery & Optical Co., 322 W. Washington St., Chicago, Ill.

With a pad at the sacrum and an interrupting sponge electrode applied to the appropriate nerve center, practically any organ in the body may be contracted or dilated according to Dr. Abrams' method. (Spondylotherapy.) The chart is $1.00, postpaid.

ANNOUNCEMENT OF THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

This is to announce to the members of the Southern Homœopathic Medical Association, and to the profession at large, that the committee to whom was entrusted the selection of a meeting place for 1914 have selected Baltimore, Maryland, as the best place that offered, and November 10-11 and 12th as the date.

This is an ideal place for our meeting, as the large number of homœopathic profession resident in that, as well as its accessibility to the other large homœopathic centers assures us of a large attendance upon our session, and we feel assured that we can give them a meeting that will interest, entertain and, above all, instruct them.

Let every loyal member begin to make his arrangements for his trip to Baltimore next fall, and let every good Homœopath living within reach of the meeting prepare to come and rest assured that the Local Committee and the Society will both give you the heartiest and most genuine welcome you have ever received.

Truly and fraternally yours,

H. E. Koons, *President.*